

## Worksheet - Annual Targets for Victim/Witness Program Service Objectives (Victims)

**Directions:** Please indicate the number of victims your program proposes to serve in FY2007 and FY2008. Below that list the number of victims who will receive specific services. (See Victim/Witness Codebook for complete service objectives. Please note: not every victim will receive every service.)

Number of Direct Service Victims to be Served by Program in FY2007

FY2008

<u>Required Objectives</u>	<u>Annual Targets</u> <u>FY2007</u> <u>FY2008</u>	<u>Required Objectives</u>	<u>Annual Targets</u> <u>FY2007</u> <u>FY2008</u>
®1. Victims' Rights Information (Pre-Printed)		9. Liaison re: Prisoner Status	
®2. Victims' Rights Explanation		®10. Victim Impact Statements	
A. Protection (Phone) (In Person)		®11. Confidentiality Forms	
B. Financial Assistance (Phone) (In Person)		®12. Interpreter Services	
C. Notices (Phone) (In Person)		13. Crisis Intervention	
D. Victim Input (Phone) (In Person)		14. Support Services	
E. Courtroom Assistance (Phone) (In Person)		A. Follow-Up Counseling	
® 3. Protection		B. Victim Support Groups	
A. Protective Order		15. Crisis Referrals (Phone) (In Person)	
i) Domestic Violence		16. Case Status	
ii) Child Abuse		17. Dispositions	
iii) Elder Abuse		18. Criminal Justice Process - Options Explanation	
iv) Other		19. Courtroom Tours	
B. Law Enforcement Protection		20. Criminal Justice Process	
C. Other		A. Support	
4. Compensation		B. Explanation of Steps	
® A. Explanation		21. Parole Input	
B. Services		22. Transport	
C. Follow-Up		23. Escort	
®5. Property			
®6. Restitution Assistance/Referral			
A. Services			
i) Explanation			
ii) Monitoring			
iii) Collection			
iv) Enforcement			
v) Other			
B. Total Amounts	____n/a____		
7. Intercession			
® A. Employer			
B. Other			
®8. Notification Assistance			

Worksheet - Annual Targets for Victim/Witness Program Service Objectives  
(Victims - cont'd)

<u>Optional Objectives</u>	<u>Annual Targets</u> <u>FY2007</u> <u>FY2008</u>
24. Advanced Notice of Judicial Proceedings	
25. Forensic	
26. Closed Preliminary Hearings	
27. Closed Circuit TV	
28. Crime Prevention	
29. Emergency Assistance	
A. Direct	
B. Referral	
30. Business Restitution	
A. Services	
i) Explanation	
ii) Monitoring	
iii) Collection	
iv) Enforcement	
v) Other	
B. Total Amounts	____n/a____
31. Transportation Services	
A. Reservations	
B. Reimbursements	
C. Other	
32. Appeal/Habeas Corpus Services	
33. OTHER (Specify)	


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Program Development

Check below to indicate whether these three requirements have been met or will be met.

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|-----------------------------|------------------------------|-----------------------------|
| ®1. Separate Waiting Areas  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Directory of Services    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Continuance Notification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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® Denotes required by Virginia's Crime Victim and Witness Rights Act.